

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeRECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

14 JUL 21 PM 5:27

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Cam Cavasso for U.S. Senate

ADDRESS (number and street)

41-530 Waikupanaha Street

Check if different  
than previously  
reported. (ACC)

Waimanalo

HI

96795

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00405852

3. IS THIS  
REPORT☒NEW  
(N)

OR

AMENDED  
(A)

HI

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

M M  
04D D  
01Y Y  
2014

through

M M  
06D D  
30Y Y  
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

VINCENT L. ANDERSON

Signature of Treasurer



Date

07/15/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Cam Cavasso for U.S. Senate

Report Covering the Period:

From:

M M D D Y Y  
04 01 2014

To:

M M D D Y Y  
06 30 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	76412.01	130014.01
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	76412.01	129564.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	42174.37	134217.58
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	2165.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	42174.37	132051.90
8. Cash on Hand at Close of Reporting Period (from Line 27)...	12346.90	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	131141.21	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 112

Write or Type Committee Name

**Cam Cavasso for U.S. Senate**

Report Covering the Period: From: **04 01 2014** To: **06 30 2014**

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	59380.00	101530.00
(ii) Unitemized .....	3857.01	11946.01
(iii) TOTAL of contributions from individuals ..	63237.01	113476.01
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	8000.00	9000.00
(d) The Candidate .....	5175.00	7538.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	76412.01	130014.01
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate...	3476.01	115372.27
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	3476.01	115372.27
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...</b>	0.00	2165.68
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...</b>	79888.02	247551.96

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 112

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	42174.37	134217.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	28515.65	111651.43
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	28515.65	111651.43
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	0.00	450.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	450.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	70690.02	246319.01

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	3148.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	79888.02
25. SUBTOTAL (add Line 23 and Line 24)...	83036.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	70690.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	12346.90

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>William Armstrong</b>			Date of Receipt M M / D D Y Y 05 19 2014	
Mailing Address <b>8787 West Alameda Ave.</b>			<b>Transaction ID : SA11AI.7786</b>	
City <b>Lakewood</b>	State <b>CO</b>	Zip Code <b>80226</b>	Amount of Each Receipt this Period  , 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  , 1000.00	
Name of Employer  		Occupation  		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  , , 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Alexander Brodie</b>			Date of Receipt M M / D D Y Y 04 08 2014	
Mailing Address <b>3791 Ahonui Place</b>			<b>Transaction ID : SA11AI.7774</b>	
City <b>Princeville</b>	State <b>HI</b>	Zip Code <b>96722</b>	Amount of Each Receipt this Period  , , 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  , , 200.00	
Name of Employer <b>Self-Employed</b>		Occupation <b>Farmer</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  , , 230.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Nanette Cavasso</b>			Date of Receipt M M / D D Y Y 06 02 2014	
Mailing Address <b>P.O. Box 44</b>			<b>Transaction ID : SA11AI.7791</b>	
City <b>Waimanalo</b>	State <b>HI</b>	Zip Code <b>96795</b>	Amount of Each Receipt this Period  , 5200.00	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  , 5200.00	
Name of Employer  		Occupation <b>Housewife</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  , 5200.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , 6400.00	
<b>TOTAL</b> This Period (last page this line number only).....			, ,	

14020621252

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>A. Candice A Ching</b>			Date of Receipt M M D D Y Y Y Y 04 01 2014	
Mailing Address 1319 Ala Alii St			Transaction ID : SA11AI.7919	
City Honolulu	State HI	Zip Code 96818	Amount of Each Receipt this Period 1850.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. Candice A Ching</b>			Date of Receipt M M D D Y Y Y Y 04 01 2014	
Mailing Address 1319 Ala Alii St			Transaction ID : SA11AI.8126	
City Honolulu	State HI	Zip Code 96818	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2850.00		

Full Name (Last, First, Middle Initial) <b>C. Candice A Ching</b>			Date of Receipt M M D D Y Y Y Y 05 01 2014	
Mailing Address 1319 Ala Alii St			Transaction ID : SA11AI.7921	
City Honolulu	State HI	Zip Code 96818	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 112

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>Eric Ching</b>			Date of Receipt M M D D Y Y 06 02 2014	
Mailing Address 1319 Ala Alii St.			Transaction ID : SA11AI.7922	
City Honolulu	State HI	Zip Code 96818-1858		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>Eric Ching</b>			Date of Receipt M M D D Y Y 06 30 2014	
Mailing Address 1319 Ala Alii St.			Transaction ID : SA11AI.7925	
City Honolulu	State HI	Zip Code 96818-1858		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4600.00		

Full Name (Last, First, Middle Initial) <b>Eric Ching</b>			Date of Receipt M M D D Y Y 06 30 2014	
Mailing Address 1319 Ala Alii St.			Transaction ID : SA11AI.8125	
City Honolulu	State HI	Zip Code 96818-1858		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1600.00	
Name of Employer Retired		Occupation Retired		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 6200.00		

SUBTOTAL of Receipts This Page (optional).....			6200.00	
TOTAL This Period (last page this line number only).....				

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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 112

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial)

**A. Wayne Cordeiro**

Mailing Address 7007 Hawaii Kai Dr. C24

City State Zip Code  
Honolulu HI 96825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Hope Oahu

Occupation  
Pastor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM DD YY  
06 09 2014

Transaction ID : SA11AI.7794

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gary A Cordery**

Mailing Address 99-1191 Iwaena St. #D

City State Zip Code  
Aiea HI 96819

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kingdom Builders

Occupation  
Contractor

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM DD YY  
06 25 2014

Transaction ID : SA11AI.7743

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas Dougherty**

Mailing Address 10910 Rollingwood Place

City State Zip Code  
Fort Wayne IN 46845

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

MM DD YY  
04 01 2014

Transaction ID : SA11AI.7770

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Irving G Eastman</b>		Date of Receipt M M D D Y Y Y 05 03 2014	
Mailing Address 92-1293 Panana St		<b>Transaction ID : SA11AI.7703</b>	
City State Zip Code Kapolei HI 96707	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 250.00	
Name of Employer Aqua	Occupation Corporate Director	Amount of Each Receipt this Period , , 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 250.00	Amount of Each Receipt this Period , , 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Charles E Foster</b>		Date of Receipt M M D D Y Y Y 06 24 2014	
Mailing Address 302 Ashland Avenue		<b>Transaction ID : SA11AI.7742</b>	
City State Zip Code River Forest IL 60305	Amount of Each Receipt this Period , , 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 100.00	
Name of Employer Northwestern Mutual	Occupation Financial Advisor	Amount of Each Receipt this Period , , 100.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 600.00	Amount of Each Receipt this Period , , 100.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Grant Fraser</b>		Date of Receipt M M D D Y Y Y 06 26 2014	
Mailing Address 8383 Wilshire Blvd Suite 600		<b>Transaction ID : SA11AI.7744</b>	
City State Zip Code Beverly Hills CA 90211-2425	Amount of Each Receipt this Period , , 3200.00		
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 3200.00	
Name of Employer MassMutual	Occupation Insurance Agent	Amount of Each Receipt this Period , , 3200.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 5200.00	Amount of Each Receipt this Period , , 3200.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		, , 3550.00	
<b>TOTAL</b> This Period (last page this line number only).....		, , 3550.00	

14020621256

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 10 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Edward Gutteling</b>			Date of Receipt M M D D Y Y Y Y 05 27 2014	
Mailing Address 153 Honolulu Pl.			<b>Transaction ID : SA11AI.7732</b>	
City	State	Zip Code	Amount of Each Receipt this Period , , 250.00	
Hilo	HI	96720		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Self Employed		Occupation Orthopedic Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Donald Harrington</b>			Date of Receipt M M D D Y Y Y Y 06 12 2014	
Mailing Address 4150 Via Dolce Apt 124			<b>Transaction ID : SA11AI.7740</b>	
City	State	Zip Code	Amount of Each Receipt this Period , , 2000.00	
Marina Del Rey	CA	90292		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer MassMutual		Occupation Insurance Agent		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 3000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jamin Hiebert</b>			Date of Receipt M M D D Y Y Y Y 04 09 2014	
Mailing Address 92-1479 Hoalii Street			<b>Transaction ID : SA11AI.7905</b>	
City	State	Zip Code	Amount of Each Receipt this Period , , 500.00	
Kapolei	HI	96707	Construction , , 500.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Altres		Occupation Laborer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , 2750.00	
<b>TOTAL</b> This Period (last page this line number only).....			, ,	

14020621257

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 112

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Holck**

Mailing Address **1495 Kiukee Place**

City **Kailua** State **HI** Zip Code **96734**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Rental Manager**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt

M M D D Y Y  
**06 30 2014**

Transaction ID : **SA11AI.7746**

Amount of Each Receipt this Period

**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jack A Hughes**

Mailing Address **13030 Sugarbluff Road**

City **Clermont** State **FL** Zip Code **34715**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M D D Y Y  
**04 16 2014**

Transaction ID : **SA11AI.7679**

Amount of Each Receipt this Period

**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Paul Lai**

Mailing Address **512 Puukena Dr.**

City **Honolulu** State **HI** Zip Code **96821**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Developer**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**787.00**

Date of Receipt

M M D D Y Y  
**04 24 2014**

Transaction ID : **SA11AI.7782**

Amount of Each Receipt this Period

**700.00**

**SUBTOTAL** of Receipts This Page (optional).....

**1225.00**

**TOTAL** This Period (last page this line number only).....

14020621258

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 12 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Richard Le Brun</b>			Date of Receipt M M D D Y Y V V 06 05 2014	
Mailing Address PO Box 15907			Transaction ID : SA11AI.7792	
City Honolulu	State HI	Zip Code 96830		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00	
Name of Employer Hale Koa Hotel		Occupation Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Michael R Marsh</b>			Date of Receipt M M D D Y Y V V 06 05 2014	
Mailing Address 4255 Pahoa Ave.			Transaction ID : SA11AI.7735	
City Honolulu	State HI	Zip Code 96816		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer Case Lombardi		Occupation Atty.		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Danny Melton</b>			Date of Receipt M M D D Y Y V V 05 28 2014	
Mailing Address 94-1033 Halepili St			Transaction ID : SA11AI.7733	
City Waipahu	State HI	Zip Code 96797		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00	
Name of Employer Joint POW/MIA Accounting Cmnd		Occupation Policy Advisor, J5		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1500.00	
<b>TOTAL</b> This Period (last page this line number only).....				

14020621259

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 13 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Martha J Mowry</b>			Date of Receipt M M D D Y Y Y 04 08 2014	
Mailing Address <b>PO Box 929</b>			<b>Transaction ID : SA11Al.7777</b>	
City <b>Hanalei</b>	State <b>HI</b>	Zip Code <b>96714-0929</b>	Amount of Each Receipt this Period <b>5200.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>5200.00</b>		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Martha J Mowry</b>			Date of Receipt M M D D Y Y Y 04 08 2014	
Mailing Address <b>PO Box 929</b>			<b>Transaction ID : SA11Al.7916</b>	
City <b>Hanalei</b>	State <b>HI</b>	Zip Code <b>96714-0929</b>	Amount of Each Receipt this Period <b>5000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>		
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>10200.00</b>		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Martha J Mowry</b>			Date of Receipt M M D D Y Y Y 04 08 2014	
Mailing Address <b>PO Box 929</b>			<b>Transaction ID : SA11Al.7918</b>	
City <b>Hanalei</b>	State <b>HI</b>	Zip Code <b>96714-0929</b>	Amount of Each Receipt this Period <b>2300.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer <b>Retired</b>		Occupation <b>Retired</b>		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <b>12500.00</b>		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			<b>12500.00</b>	
<b>TOTAL</b> This Period (last page this line number only).....				

14020621260

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 14 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>William F Mowry</b>		Date of Receipt M M D D Y Y Y 04 08 2014	
Mailing Address <b>PO Box 929</b>		<b>Transaction ID : SA11AI.7776</b>	
City <b>Hanalei</b>	State <b>HI</b>	Zip Code <b>96714-0929</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  , , 5200.00
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  , , 5200.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>William F Mowry</b>		Date of Receipt M M D D Y Y Y 04 08 2014	
Mailing Address <b>PO Box 929</b>		<b>Transaction ID : SA11AI.7915</b>	
City <b>Hanalei</b>	State <b>HI</b>	Zip Code <b>96714-0929</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  , , 5000.00
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>		Retirement of Debt
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  , , 10200.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>William F Mowry</b>		Date of Receipt M M D D Y Y Y 04 08 2014	
Mailing Address <b>PO Box 929</b>		<b>Transaction ID : SA11AI.7917</b>	
City <b>Hanalei</b>	State <b>HI</b>	Zip Code <b>96714-0929</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period  , , 2300.00
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>		
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  , , 12500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			, , 12500.00
<b>TOTAL</b> This Period (last page this line number only) .....			, ,

14020621261

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 15 OF 112	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Cormac P O'Carroll</b>			Date of Receipt M M D D Y Y 06 09 2014	
Mailing Address 7217 Makaa St.			Transaction ID : SA11AI.7738	
City Honolulu	State HI	Zip Code 96825	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 500.00	
Name of Employer Business Owner		Occupation Hawaiian Island Sports	Amount of Each Receipt this Period 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Raymond C Poteet</b>			Date of Receipt M M D D Y Y 06 27 2014	
Mailing Address 3110 Mesa Way Suite B			Transaction ID : SA11AI.7745	
City Lawrence	State KS	Zip Code 66049	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 1000.00	
Name of Employer Alpha & Omega Financial Srv.		Occupation Financial Advisor/Sales	Amount of Each Receipt this Period 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	Amount of Each Receipt this Period 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Tadd Rienstra</b>			Date of Receipt M M D D Y Y Y Y 04 14 2014	
Mailing Address 94-1007 Laiama Loop			Transaction ID : SA11AI.7779	
City Waipahu	State HI	Zip Code 96797	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 1000.00	
Name of Employer Christian Construction		Occupation General Contractor	Amount of Each Receipt this Period 1250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1250.00	Amount of Each Receipt this Period 1250.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2500.00	
<b>TOTAL</b> This Period (last page this line number only).....			2500.00	

14020621262

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 16 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jon Ruckle</b>		Date of Receipt M M / D D / Y Y 05 / 09 / 2014	
Mailing Address <b>1402 S Brookside Terrace</b>		<b>Transaction ID : SA11AI.7710</b>	
City <b>Tacoma</b>	State <b>WA</b>	Zip Code <b>98465</b>	Amount of Each Receipt this Period  <div style="text-align: right;">1000.00</div>
FEC ID number of contributing federal political committee. <div style="text-align: center;">C</div>			
Name of Employer Self-employed	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <div style="text-align: right;">1000.00</div>		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Robert Sage</b>		Date of Receipt M M / D D / Y Y 04 / 04 / 2014	
Mailing Address <b>PO Box 861599</b>		<b>Transaction ID : SA11AI.7773</b>	
City <b>Wahiawa</b>	State <b>HI</b>	Zip Code <b>96786</b>	Amount of Each Receipt this Period  <div style="text-align: right;">2500.00</div>
FEC ID number of contributing federal political committee. <div style="text-align: center;">C</div>			
Name of Employer Federal Management	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <div style="text-align: right;">2500.00</div>		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Nadine A Stollenmaier</b>		Date of Receipt M M / D D / Y Y 05 / 16 / 2014	
Mailing Address <b>1450 Akuleana Place</b>		<b>Transaction ID : SA11AI.7682</b>	
City <b>Kailua</b>	State <b>HI</b>	Zip Code <b>96734-4150</b>	Amount of Each Receipt this Period  <div style="text-align: right;">500.00</div>
FEC ID number of contributing federal political committee. <div style="text-align: center;">C</div>			
Name of Employer Dunhill Professional Staffing	Occupation Employment Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <div style="text-align: right;">1000.00</div>		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div style="text-align: right;">4000.00</div>	
<b>TOTAL</b> This Period (last page this line number only).....			



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 17 OF 112	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>Lanar Wright</b>		Date of Receipt M M D D Y Y 05 09 2014	
Mailing Address 2948 E Herd Drive		Transaction ID : SA11AI.7711	
City Meridian	State ID	Zip Code 83942	Amount of Each Receipt this Period 800.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 800.00	

Full Name (Last, First, Middle Initial) <b>James T Yamada</b>		Date of Receipt M M D D Y Y 06 06 2014	
Mailing Address 98-1265 Kulawai St.		Transaction ID : SA11AI.7736	
City Aiea	State HI	Zip Code 96701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer A-1 A-Lectrician Inc.	Occupation CEO/President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Janell M H Yin</b>		Date of Receipt M M D D Y Y 05 19 2014	
Mailing Address 3270 Pawaina St.		Transaction ID : SA11AI.7785	
City Honolulu	State HI	Zip Code 96822	Amount of Each Receipt this Period 255.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dr. Paul Yin DDS Inc.	Occupation Receptionist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1305.00
<b>TOTAL</b> This Period (last page this line number only).....	59380.00

14020621264

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 18 OF 112	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial) <b>MassMutual PAC</b>		Date of Receipt M M D D Y Y 04 08 2014	
Mailing Address 1295 State Street		Transaction ID : SA11C.7911	
City Springfield	State MA	Zip Code 01111-0001	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C C00118943			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>Next Century Fund PAC</b>		Date of Receipt M M D D Y Y 05 06 2014	
Mailing Address 116 S Royal St.		Transaction ID : SA11C.7910	
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	8000.00

14020621265

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 19 OF 112	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso</b>		Date of Receipt M M D D Y Y 06 02 2014	
Mailing Address P.O. Box 44		Transaction ID : SA11D.7790	
City Waimanalo	State HI	Zip Code 96795	Amount of Each Receipt this Period  5175.00
FEC ID number of contributing federal political committee. C S4HI00102			
Name of Employer MassMutual	Occupation Insurance Agent		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 93258.95		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M Y	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		5175.00	
<b>TOTAL</b> This Period (last page this line number only).....		5175.00	

14020621266

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 20 OF 112	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso</b> Mailing Address <b>P.O. Box 44</b> City <b>Waimanalo</b> State <b>HI</b> Zip Code <b>96795</b> FEC ID number of contributing federal political committee. <b>C S4HI00102</b> Name of Employer <b>MassMutual</b> Occupation <b>Insurance Agent</b> Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <b>94258.95</b>		Date of Receipt M M D D Y Y Y Y <b>06 23 2014</b> Transaction ID : <b>SA13A.7928</b> Amount of Each Receipt this Period <b>1000.00</b> Loan from candidate
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso-3240</b> Mailing Address <b>41-530 Waikupanaha Street</b> City <b>Waimanalo</b> State <b>HI</b> Zip Code <b>96795</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <b>4187.09</b>		Date of Receipt M M D D Y Y Y Y <b>06 18 2014</b> Transaction ID : <b>SA13A.8112</b> Amount of Each Receipt this Period <b>400.14</b> loan
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso-9003</b> Mailing Address <b>41-530 Waikupanaha Street</b> City <b>Waimanalo</b> State <b>HI</b> Zip Code <b>96795</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <b>1703.07</b>		Date of Receipt M M D D Y Y Y Y <b>05 24 2014</b> Transaction ID : <b>SA13A.8117</b> Amount of Each Receipt this Period <b>1703.07</b> loan
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<b>3103.21</b>
<b>TOTAL</b> This Period (last page this line number only).....		

14020621267

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 112

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial)  
**Campbell Cavasso-9003**

Mailing Address **41-530 Waikupanaha Street**

City State Zip Code  
**Waimanalo HI 96795**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**2075.87**

Date of Receipt

MM DD YY  
**06 25 2014**

Transaction ID : **SA13A.8118**

Amount of Each Receipt this Period

**372.80**  
loan

Full Name (Last, First, Middle Initial)

**B.**  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**  
Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**372.80**

**TOTAL** This Period (last page this line number only).....

**3476.01**

14020621268

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. AMEX**

Mailing Address P.O. Box 981535

City State Zip Code  
El Paso TX 79998-1535

Purpose of Disbursement  
service charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
04/07/2014

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.7897

**B. AMEX**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 981535

City State Zip Code  
El Paso TX 79998-1535

Purpose of Disbursement  
service charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
05/05/2014

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.7892

**C. AMEX**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 981535

City State Zip Code  
El Paso TX 79998-1535

Purpose of Disbursement  
Service Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
06/03/2014

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.7887

SUBTOTAL of Disbursements This Page (optional)

23.85

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Service charges

009

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
06/30/2014

Amount of Each Disbursement this Period

540.16

Transaction ID : SB17.8122

Full Name (Last, First, Middle Initial)

**B. Banners on the Cheap**

Mailing Address 11525 A Stonehollow Dr. #100

City State Zip Code

Austin TX 78758

Purpose of Disbursement  
Campaign signs

006

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
06/16/2014

Amount of Each Disbursement this Period

6885.46

Transaction ID : SB17.7884

Full Name (Last, First, Middle Initial)

**C. BuildASign.com**

Mailing Address 11525 A Stonehollow Dr. # 100

City State Zip Code

Austin TX 78758

Purpose of Disbursement  
Campaign signs

006

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM/DD/YYYY  
06/15/2014

Amount of Each Disbursement this Period

508.76

Transaction ID : SB17.7885

SUBTOTAL of Disbursements This Page (optional).....

7934.38

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Campbell Cavasso**

Mailing Address P.O. Box 44

Date of Disbursement

M M U D Y Y Y  
04 01 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

75.00

Purpose of Disbursement  
Registration-Candidate

001

Transaction ID : SB17.7936

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: HI

District:

Full Name (Last, First, Middle Initial)

**B. Cindy Tees**

Mailing Address 1215 A Mookaula St

Date of Disbursement

M M D D Y Y Y  
05 26 2014

City State Zip Code  
Honolulu HI 96817

Amount of Each Disbursement this Period

376.00

Purpose of Disbursement  
Campaign T-Shirts

007

Transaction ID : SB17.7867

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**c. Cindy Tees**

Mailing Address 1215 A Mookaula St

Date of Disbursement

M M D D Y Y Y  
06 06 2014

City State Zip Code  
Honolulu HI 96817

Amount of Each Disbursement this Period

377.75

Purpose of Disbursement  
Campaign T-Shirts

007

Transaction ID : SB17.7868

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

828.75

TOTAL This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. DemGen Inc**

Mailing Address 17 Bedford St

City State Zip Code

Port Hope, ON, L1A 1W2 Canada ZZ

Purpose of Disbursement  
Data Base Mgt.

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

MM DD / YY YY  
04 01 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.8037

**B. DemGen Inc**

Mailing Address 17 Bedford St

City State Zip Code

Port Hope, ON, L1A 1W2 Canada ZZ

Purpose of Disbursement  
Data Base Mgt.

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

MM DD / YY YY  
04 04 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.8039

**c. DemGen Inc**

Mailing Address 17 Bedford St

City State Zip Code

Port Hope, ON, L1A 1W2 Canada ZZ

Purpose of Disbursement  
Data Base Mgmt.

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

MM DD / YY YY  
04 11 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.8041

SUBTOTAL of Disbursements This Page (optional).....

1800.00

TOTAL This Period (last page this line number only).....

14020621272

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. DemGen Inc**

Mailing Address 17 Bedford St

City Port Hope, ON, L1A 1W2 Canada State ZZ Zip Code

Purpose of Disbursement  
Data Base

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 17 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.8044

Full Name (Last, First, Middle Initial)

**B. DemGen Inc**

Mailing Address 17 Bedford St

City Port Hope, ON, L1A 1W2 Canada State ZZ Zip Code

Purpose of Disbursement  
phone

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
05 02 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.8050

Full Name (Last, First, Middle Initial)

**C. Fox Rent a Car LAX**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Rental Car

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 09 2014

Amount of Each Disbursement this Period

222.23

Transaction ID : SB17.8073

SUBTOTAL of Disbursements This Page (optional).....

1422.23

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328

Purpose of Disbursement  
Service fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M D D Y Y  
04 02 2014

Amount of Each Disbursement this Period

155.12

Transaction ID : SB17.7898

**B. Global Payments**

Mailing Address 10 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328

Purpose of Disbursement  
service Charges

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M D D Y Y  
05 02 2014

Amount of Each Disbursement this Period

147.17

Transaction ID : SB17.7893

**C. Global Payments**

Mailing Address 10 Glenlake Parkway NE

City State Zip Code  
Atlanta GA 30328

Purpose of Disbursement  
Service Charges

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M D D Y Y  
06 03 2014

Amount of Each Disbursement this Period

35.44

Transaction ID : SB17.7886

SUBTOTAL of Disbursements This Page (optional).....

337.73

TOTAL This Period (last page this line number only).....

14020621274

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Go Daddy Software**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
WEB SERVICE

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M D D Y Y  
05 06 2014

Amount of Each Disbursement this Period

29.59

Transaction ID : SB17.8020

Full Name (Last, First, Middle Initial)

**B. Go Daddy Software**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
WEB SERVICE

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M D D Y Y  
05 07 2014

Amount of Each Disbursement this Period

29.34

Transaction ID : SB17.8021

Full Name (Last, First, Middle Initial)

**C. Google**

Mailing Address 1600 Amphitheatre Parkway

City

State

Zip Code

Mountain View

CA

94043

Purpose of Disbursement  
service

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M D D Y Y  
04 29 2014

Amount of Each Disbursement this Period

51.11

Transaction ID : SB17.8047

SUBTOTAL of Disbursements This Page (optional).....

110.04

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Google**

Date of Disbursement

Mailing Address 1600 Amphitheatre Parkway

05 02 2014

City State Zip Code  
Mountain View CA 94043

Amount of Each Disbursement this Period

Purpose of Disbursement  
service

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

56.00  
Transaction ID : SB17.8049

Full Name (Last, First, Middle Initial)

**B. Google**

Date of Disbursement

Mailing Address 1600 Amphitheatre Parkway

06 03 2014

City State Zip Code  
Mountain View CA 94043

Amount of Each Disbursement this Period

Purpose of Disbursement  
service

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

78.04  
Transaction ID : SB17.8055

Full Name (Last, First, Middle Initial)

**C. Hawaiian Airlines**

Date of Disbursement

Mailing Address 3375 Koapaka Street  
G-350

04 03 2014

City State Zip Code  
Honolulu HI 96819

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Hnl-Kauai

002

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

99.20  
Transaction ID : SB17.7989

SUBTOTAL of Disbursements This Page (optional)

233.24

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Hawaiian Airlines**

Date of Disbursement

M M D D Y Y  
04 03 2014

Mailing Address 3375 Koapaka Street  
G-350

City State Zip Code  
Honolulu HI 96819

Purpose of Disbursement  
Hnl-Maui

002

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

86.20

Transaction ID : SB17.7992

Full Name (Last, First, Middle Initial)

**B. Hawaiian Airlines**

Date of Disbursement

M M D D Y Y  
04 04 2014

Mailing Address 3375 Koapaka Street  
G-350

City State Zip Code  
Honolulu HI 96819

Purpose of Disbursement  
Hnl-Kauai-Hnl

002

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

235.40

Transaction ID : SB17.7994

Full Name (Last, First, Middle Initial)

**C. Hawaiian Airlines**

Date of Disbursement

M M D D Y Y  
04 04 2014

Mailing Address 3375 Koapaka Street  
G-350

City State Zip Code  
Honolulu HI 96819

Purpose of Disbursement  
Hnl-Kauai-Hnl

002

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

235.40

Transaction ID : SB17.7996

SUBTOTAL of Disbursements This Page (optional) .....

557.00

TOTAL This Period (last page this line number only) .....

14020621277

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

## **A. Hawaiian Airlines**

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Maui-Hnl

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
04 13 2014

Amount of Each Disbursement this Period

135.20

Transaction ID : SB17.7998

Full Name (Last, First, Middle Initial)

## **B. Hawaiian Airlines**

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
HNL-MAUI-HNL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
05 02 2014

Amount of Each Disbursement this Period

185.40

Transaction ID : SB17.8016

Full Name (Last, First, Middle Initial)

## **C. Hawaiian Airlines**

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
HNL-MAUI-HNL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
05 02 2014

Amount of Each Disbursement this Period

185.40

Transaction ID : SB17.8017

SUBTOTAL of Disbursements This Page (optional) .....

506.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Hawaiian Airlines**

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
BAGGAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) g

State: District:

Date of Disbursement

M M U U Y Y Y  
05 02 2014

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.8018

**B. Hawaiian Airlines**

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Portland-Hnl

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
05 20 2014

Amount of Each Disbursement this Period

537.41

Transaction ID : SB17.8025

**C. Hawaiian Airlines**

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Hnl-Kauai

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
05 23 2014

Amount of Each Disbursement this Period

189.20

Transaction ID : SB17.8026

SUBTOTAL of Disbursements This Page (optional).....

786.61

TOTAL This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Hawaiian Airlines**

Date of Disbursement

MM DD YY  
05 30 2014

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
Maui-Hnl

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

159.20

Transaction ID : SB17.8029

Full Name (Last, First, Middle Initial)

**B. Hawaiian Airlines**

Date of Disbursement

MM DD YY  
05 30 2014

Mailing Address 3375 Koapaka Street  
G-350

City Honolulu State HI Zip Code 96819

Purpose of Disbursement  
baggage fee

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.8030

Full Name (Last, First, Middle Initial)

**C. HAWAII REPUBLICAN PARTY**

Date of Disbursement

MM DD YY  
05 07 2014

Mailing Address 725 Kapiolani Blvd. #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
Campaign

Candidate Name

007

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8052

SUBTOTAL of Disbursements This Page (optional)

569.20

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. HAWAII REPUBLICAN PARTY**

Mailing Address 725 Kapiolani Blvd. #C-105

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement  
office

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
05 15 2014

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.8079

Full Name (Last, First, Middle Initial)

**B. Intuit, Inc**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Acctg service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 04 2014

Amount of Each Disbursement this Period

25.34

Transaction ID : SB17.8004

Full Name (Last, First, Middle Initial)

**C. Intuit, Inc**

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
ACCTG

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
05 04 2014

Amount of Each Disbursement this Period

25.34

Transaction ID : SB17.8019

SUBTOTAL of Disbursements This Page (optional)

120.68

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Intuit, Inc**

Mailing Address 2632 Marine Way

Date of Disbursement

M M D D Y Y  
06 04 2014

City State Zip Code  
Mountain View CA 94043

Amount of Each Disbursement this Period

25.34

Purpose of Disbursement  
office

001

Transaction ID : SB17.8032

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Island Air**

Mailing Address

Date of Disbursement

M M D D Y Y  
06 18 2014

City State Zip Code

Amount of Each Disbursement this Period

174.00

Purpose of Disbursement  
hnl-kauai

002

Transaction ID : SB17.8091

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Island Insurance Co. LTD.**

Mailing Address PO Box 1520

Date of Disbursement

M M D D Y Y  
04 02 2014

City State Zip Code  
Honolulu HI 96806

Amount of Each Disbursement this Period

1054.00

Purpose of Disbursement  
Insurance for Campaign Van

001

Transaction ID : SB17.7834

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1253.34

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. J. Michael Hughes Law Offices

Mailing Address 1138 Kainui Dr.

City State Zip Code  
Kailua HI 96734

Purpose of Disbursement  
Legal Services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 06 2014

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.7838

Full Name (Last, First, Middle Initial)

B. J. Michael Hughes Law Offices

Mailing Address 1138 Kainui Dr.

City State Zip Code  
Kailua HI 96734

Purpose of Disbursement  
Legal services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
05 07 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.7847

Full Name (Last, First, Middle Initial)

C. James Hauge dba James Virtual Tours LLC.

Mailing Address 92-925 Panana St.

City State Zip Code  
Kapolei HI 96707

Purpose of Disbursement  
Computer / media

Candidate Name

004

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 06 2014

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.7853

SUBTOTAL of Disbursements This Page (optional).....

2060.00

TOTAL This Period (last page this line number only).....

14020621283

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. James Hauge dba James Virtual Tours LLC.**

Date of Disbursement

M M D D Y Y Y Y  
05 11 2014

Mailing Address 92-925 Panana St.

City State Zip Code  
Kapolei HI 96707

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Computer / Media Services

004

Transaction ID : SB17.7854

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Jorge Gurrola**

Date of Disbursement

M M D D Y Y Y Y  
04 08 2014

Mailing Address 1095 Lunaanela St.

City State Zip Code  
Kailua HI 96734

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement  
Web design services

001

Transaction ID : SB17.7842

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Jorge Gurrola**

Date of Disbursement

M M D D Y Y Y Y  
06 10 2014

Mailing Address 1095 Lunaanela St.

City State Zip Code  
Kailua HI 96734

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement  
Web Consulting

001

Transaction ID : SB17.7874

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 201

☒ Primary ☐ General  
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

14020621284

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial)

**A. Kailua Chamber of Commerce**

Mailing Address PO Box 1496

City Kailua State HI Zip Code 96734

Purpose of Disbursement  
Parade fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
05 27 2014

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.7869

004  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Ken Butcher**

Mailing Address 1312 Aheae Ave

City Wahiawa State HI Zip Code 96786

Purpose of Disbursement  
IT Security

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
06 10 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7871

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Loving Eyes Productions**

Mailing Address 1546 Pensacola St

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Video production

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
04 01 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7798

004  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....

2450.00

TOTAL This Period (last page this line number only).....

14020621285

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Loving Eyes Productions**

Mailing Address 1546 Pensacola St

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Photo /video services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 08 2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.7840

Full Name (Last, First, Middle Initial)

**B. Loving Eyes Productions**

Mailing Address 1546 Pensacola St

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Media services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
05 11 2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.7866

Full Name (Last, First, Middle Initial)

**C. Loving Eyes Productions**

Mailing Address 1546 Pensacola St

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Video/ Media

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
06 25 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7872

SUBTOTAL of Disbursements This Page (optional).....

2550.00

TOTAL This Period (last page this line number only).....

Transaction ID : SB17.7872

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Tim Lussier

Mailing Address 1234 Alexander St #201

City Honolulu State HI Zip Code 96826

Purpose of Disbursement  
Campaign Consultancy

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
04 09 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7880

Full Name (Last, First, Middle Initial)

B. Mailchimp

Mailing Address 512 Means Street  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
re:computer

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
04 01 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.8038

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 512 Means Street  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
re:computer

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM DD YY  
04 30 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.8048

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Mailchimp**

Mailing Address 512 Means Street  
Suite 404

City Atlanta State GA Zip Code 30318

Purpose of Disbursement  
re:computer

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D Y Y Y  
05 30 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.8054

Full Name (Last, First, Middle Initial)

**B. Christopher DF Mellen**

Mailing Address 281 N Vineyard Blvd #105

City Honolulu State HI Zip Code 96817

Purpose of Disbursement  
Reimbursement for Office supplies / Partial Pmt.

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 13 2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.7881

Full Name (Last, First, Middle Initial)

**C. Micheal Hughes Jr.**

Mailing Address 1138 Kainui Dr.

City Kailua State HI Zip Code 96734

Purpose of Disbursement  
Reimbursement Canon Camera

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 03 2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.7833

SUBTOTAL of Disbursements This Page (optional).....

850.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Micheal Hughes Jr.

Date of Disbursement

M M D D Y Y  
04 06 2014

Mailing Address 1138 Kainui Dr.

City State Zip Code  
Kailua HI 96734

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement  
Legal Assistance

001

Transaction ID : SB17.7835

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Micheal Hughes Jr.

Date of Disbursement

M M D D Y Y  
05 12 2014

Mailing Address 1138 Kairui Dr.

City State Zip Code  
Kailua HI 96734

Amount of Each Disbursement this Period

135.00

Purpose of Disbursement  
Research Assistance

001

Transaction ID : SB17.7855

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Reskyu

Date of Disbursement

M M D D Y Y  
04 07 2014

Mailing Address 756 Bannister St.

City State Zip Code  
Honolulu HI 96819

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
Printing / Bumper Stickers

006

Transaction ID : SB17.7848

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

1435.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Reskyu**

Mailing Address 756 Bannister St.

Date of Disbursement

M M D D Y Y  
04 14 2014

City State Zip Code  
Honolulu HI 96819

Amount of Each Disbursement this Period

Purpose of Disbursement  
Printing / Signs and Banners

006

500.00

Transaction ID : SB17.7849

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Reskyu**

Mailing Address 756 Bannister St.

Date of Disbursement

M M D D Y Y  
05 07 2014

City State Zip Code  
Honolulu HI 96819

Amount of Each Disbursement this Period

Purpose of Disbursement  
Printing / Bumper Stickers

006

1035.08

Transaction ID : SB17.7850

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Reskyu**

Mailing Address 756 Bannister St.

Date of Disbursement

M M D D Y Y  
05 23 2014

City State Zip Code  
Honolulu HI 96819

Amount of Each Disbursement this Period

Purpose of Disbursement  
Signs and Banners

006

2662.82

Transaction ID : SB17.7890

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

4197.90

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Sandra Lee Ahn

Mailing Address PO Box 5042

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
Reimbursement Vista Phone

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
05 28 2014

Amount of Each Disbursement this Period

153.20

Transaction ID : SB17.7860

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

B. Sandra Lee Ahn

Mailing Address PO Box 5042

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
Reimbursement ring Central set-up

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
05 29 2014

Amount of Each Disbursement this Period

101.95

Transaction ID : SB17.7861

001  
Category/  
Type

Full Name (Last, First, Middle Initial)

C. Successful Solutions

Mailing Address PO Box 5042

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
Printing and Accounting Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
05 11 2014

Amount of Each Disbursement this Period

321.54

Transaction ID : SB17.7851

001  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional)

576.69

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Successful Solutions**

Date of Disbursement

M M D D Y Y  
05 21 2014

Mailing Address PO Box 5042

City State Zip Code  
Kaneohe HI 96744

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement  
Printing and Accounting services

001

Transaction ID : SB17.7856

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Successful Solutions**

Date of Disbursement

M M D D Y Y  
05 28 2014

Mailing Address PO Box 5042

City State Zip Code  
Kaneohe HI 96744

Amount of Each Disbursement this Period

391.13

Purpose of Disbursement  
Printing and copies

001

Transaction ID : SB17.7862

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Successful Solutions**

Date of Disbursement

M M D D Y Y  
06 02 2014

Mailing Address PO Box 5042

City State Zip Code  
Kaneohe HI 96744

Amount of Each Disbursement this Period

963.43

Purpose of Disbursement  
Printing and Accounting services

001

Transaction ID : SB17.7857

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1654.56

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial)

**A. The Plaza Club**

Mailing Address 900 Fort St. Mall #2000

City Honolulu State HI Zip Code 96813

Purpose of Disbursement  
Meeting room rental

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
06 12 2014

Amount of Each Disbursement this Period

126.96

Transaction ID : SB17.7877

**B. Ticketmaster Phones San Diego**

Mailing Address

City State Zip Code

Purpose of Disbursement  
phones

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 01 2014

Amount of Each Disbursement this Period

434.80

Transaction ID : SB17.8071

**C. Vincent L. Anderson Consulting**

Mailing Address 1148 Wilder Ave. #11

City Honolulu State HI Zip Code 96822

Purpose of Disbursement  
Consulting Services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M J D Y Y  
06 16 2014

Amount of Each Disbursement this Period

786.00

Transaction ID : SB17.7873

SUBTOTAL of Disbursements This Page (optional).....

1347.76

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 112

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
**Cam Cavasso for U.S. Senate**

Full Name (Last, First, Middle Initial)

**A. Webconnex**

Mailing Address 455 Capitol Mall  
Suite 325

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Service charge

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
04 16 2014

Amount of Each Disbursement this Period

59.00

Transaction ID : SB17.7896

001  
Category/  
Type

**B. Webconnex**

Mailing Address 455 Capitol Mall  
Suite 325

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Service Charges

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
05 15 2014

Amount of Each Disbursement this Period

59.00

Transaction ID : SB17.7891

001  
Category/  
Type

**C. Webconnex**

Mailing Address 455 Capitol Mall  
Suite 325

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
CC Processing fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y  
06 17 2014

Amount of Each Disbursement this Period

59.00

Transaction ID : SB17.7883

001  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 177.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 112

☒ 17 18 19a 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. William McClary

Mailing Address 45-319 Kahiko St.

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
Campaign Expenses

Candidate Name

007  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
05 31 2014

Amount of Each Disbursement this Period

227.68

Transaction ID : SB17.7879

Full Name (Last, First, Middle Initial)

B. William McClary

Mailing Address 45-319 Kahiko St.

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement  
Campaign Consultation

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
06 06 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.7878

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1227.68

TOTAL This Period (last page this line number only).....

39609.64



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Campbell Cavasso

Mailing Address P.O. Box 44

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan repayment

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: HI District:

Date of Disbursement

M M D D Y Y Y  
04 03 2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB19A.7986

B. Campbell Cavasso

Mailing Address P.O. Box 44

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
Loan Payment

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: HI District:

Date of Disbursement

M M D D Y Y  
04 08 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB19A.7984

C. Campbell Cavasso

Mailing Address P.O. Box 44

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
Citicards

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: HI District:

Date of Disbursement

M M D D Y Y  
04 21 2014

Amount of Each Disbursement this Period

7398.01

Transaction ID : SB19A.7983

SUBTOTAL of Disbursements This Page (optional)

15398.01

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Campbell Cavasso**

Mailing Address P.O. Box 44

Date of Disbursement

M M D D Y Y Y  
04 22 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement  
loan repayment

009

Transaction ID : SB19A.7987

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State: HI

District:

Full Name (Last, First, Middle Initial)

**B. Campbell Cavasso-2104**

Mailing Address 41-530 Waikupanaha Street

Date of Disbursement

M M D D Y Y Y  
04 21 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement  
loan payment

009

Transaction ID : SB19A.8102

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Campbell Cavasso-2104**

Mailing Address 41-530 Waikupanaha Street

Date of Disbursement

M M D D Y Y Y  
05 20 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement  
loan pmt.

009

Transaction ID : SB19A.8103

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

4350.00

TOTAL This Period (last page this line number only).....

14020621297

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

A. Campbell Cavasso-2104

Mailing Address 41-530 Waikupanaha Street

Date of Disbursement

M M D D Y Y Y Y  
06 18 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

175.00

Purpose of Disbursement  
loan pmt

009

Transaction ID : SB19A.8104

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Campbell Cavasso-2444

Mailing Address 41-530 Waikupanaha Street

Date of Disbursement

M M D D Y Y Y Y  
04 21 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

513.00

Purpose of Disbursement  
loan pmt

009

Transaction ID : SB19A.8106

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Campbell Cavasso-2444

Mailing Address 41-530 Waikupanaha Street

Date of Disbursement

M M D D Y Y Y Y  
05 20 2014

City State Zip Code  
Waimanalo HI 96795

Amount of Each Disbursement this Period

513.00

Purpose of Disbursement  
loan pmt

009

Transaction ID : SB19A.8107

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

1201.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 OF 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Campbell Cavasso-2444**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan pmt

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
.06 18 2014

Amount of Each Disbursement this Period

513.00

Transaction ID : SB19A.8109

009  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Campbell Cavasso-2911**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan pmt

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 21 2014

Amount of Each Disbursement this Period

56.00

Transaction ID : SB19A.8099

009  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Campbell Cavasso-2911**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan pmt

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
05 20 2014

Amount of Each Disbursement this Period

56.00

Transaction ID : SB19A.8100

009  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....

625.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 OF 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Campbell Cavasso-2911**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan pmt

Candidate Name

009

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
06 18 2014

Amount of Each Disbursement this Period

56.00

Transaction ID : SB19A.8101

**B. Campbell Cavasso-3240**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
CC Payment

Candidate Name

009

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 14 2014

Amount of Each Disbursement this Period

3527.97

Transaction ID : SB19A.8094

**C. Campbell Cavasso-4528**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan payment

Candidate Name

009

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y  
04 28 2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB19A.8097

SUBTOTAL of Disbursements This Page (optional).....

4233.97

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 112

☐ 17 ☐ 18 ☒ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Full Name (Last, First, Middle Initial)

**A. Campbell Cavasso-4528**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan Payment

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
05 27 2014

Amount of Each Disbursement this Period

650.00

Transaction ID : SB19A.8096

Full Name (Last, First, Middle Initial)

**B. Campbell Cavasso-9003**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan pmt

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 14 2014

Amount of Each Disbursement this Period

1697.15

Transaction ID : SB19A.8121

Full Name (Last, First, Middle Initial)

**c. Campbell Cavasso-9003**

Mailing Address 41-530 Waikupanaha Street

City State Zip Code  
Waimanalo HI 96795

Purpose of Disbursement  
loan pmt

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M D D Y Y Y Y  
04 22 2014

Amount of Each Disbursement this Period

360.52

Transaction ID : SB19A.8119

**SUBTOTAL** of Disbursements This Page (optional) .....

2707.67

**TOTAL** This Period (last page this line number only) .....

28515.65

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 55 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6977

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1989.95

1611.72

378.23

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08/18/2011

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

378.23

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 56 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7003

Cam Cavasso for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Campbell Cavasso

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

0.00

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 10<sup>M</sup> D 17<sup>D</sup> Y 2011

12/31/2016

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

1500.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 57 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7004

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

[PERSONAL FUNDS]

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1200.00

0.00

1200.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11

D 07

Y 2011

Y 12/31/2016

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

1200.00

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 58 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7005

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

[PERSONAL FUNDS]

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12<sup>M</sup>

D 02<sup>D</sup>

Y 2011

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

1000.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 59 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7006

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

[PERSONAL FUNDS]

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

5000.00

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12<sup>M</sup>

D 12<sup>D</sup>

Y 2011

Y 12/31/13

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

0.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 60 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7007

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

[PERSONAL FUNDS]

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300.00

0.00

300.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12<sup>M</sup>

D 28<sup>D</sup>

Y 2011

Y 12/31/2016

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)...

300.00

**TOTALS** This Period (last page in this line) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 61 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7042

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 <sup>M</sup> 04 <sup>D</sup> 2012	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

400.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020621308

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 62 OF 112
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transaction ID : SC/10.7043
--	-----------------------------

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Campbell Cavasso	Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 44	

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M <sup>01</sup>	D <sup>20</sup>	2012	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)...	800.00
<b>TOTALS</b> This Period (last page in this line only)...	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14020621309

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 63 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7044

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

680.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

680.00

**TERMS**

Date Incurred

02

13

2012

Date Due

12/31/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

680.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 64 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7045

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

650.00

0.00

650.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 03

D 02

2012

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

650.00

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 65 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7046

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3200.00

0.00

3200.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03<sup>M</sup>

09<sup>D</sup>

2012

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

3200.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020621312

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Cam Cavasso for U.S. Senate** Transaction ID : **SC/10.7047**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso</b>		Election: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 44		
City Waimanalo	State HI	ZIP Code 96795
Original Amount of Loan 836.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 836.00

<b>TERMS</b>	Date Incurred M 03 D 23 Y 2012	Date Due Y 12/31/16	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	-----------------------------------	------------------------	-------------------------------	---

<b>List All Endorsers or Guarantors (if any) to Loan Source</b>	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	836.00
<b>TOTALS</b> This Period (last page in this line only) ...	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14020621313

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 67 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7083

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

**TERMS**

Date Incurred  
M 04 D 30 Y 2012

Date Due  
Y 2016 M 12 D 31

Interest Rate  
0.00 % (apr)

Secured:  
☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 800.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020621314

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 68 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7084

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1695.00

0.00

1695.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05

D 31

Y 2012

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1695.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020621315

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 69 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7085

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

**TERMS**

Date Incurred  
M 06 D 30 Y 2012

Date Due  
Y 12/31/16

Interest Rate  
0.00

Secured:  
% (apr) ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

700.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 70 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7116

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

800.00

0.00

800.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07<sup>M</sup>

31<sup>D</sup>

2012

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

800.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 71 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7117

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3470.00	0.00	3470.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 <sup>M</sup> 31 <sup>D</sup> 2012	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ... 3470.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 72 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7118

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

700.00

0.00

700.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

30

2012

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

700.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 73 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7147

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
10/02/2012	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 1000.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 74 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7148

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100.00

0.00

100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 10 / 18 2012

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)...

100.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 75 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7149

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1500.00

0.00

1500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11

D 09

Y 2012

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

1500.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 76 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7150

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

16500.00

Cumulative Payment To Date

14398.01

Balance Outstanding at Close of This Period

2101.99

### TERMS

Date Incurred

M 12

D 03

2012

Date Due

12/31/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

2101.99

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 77 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7197

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 01

D 03

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

2000.00

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 78 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7198

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1600.00

0.00

1600.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 01

D 22

Y 2013

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

1600.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 79 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7199

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

02<sup>M</sup>

11<sup>D</sup>

2013<sup>Y</sup>

12/31/16<sup>Y</sup>

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

1000.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 80 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7200

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 02 21 2013	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 81 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7203

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03 M / 05 D 2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1000.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 82 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7204

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1100.00

0.00

1100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03<sup>M</sup>

27<sup>D</sup>

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)...

1100.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 83 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7250

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

750.00

0.00

750.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04

D 08

Y 2013

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

750.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 84 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7251

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300.00

0.00

300.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04

D 25

Y 2013

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

300.00

**TOTALS** This Period (last page in this line)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 85 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7252

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700.00

**TERMS**

Date Incurred

M 05 D 16 Y 2013

Date Due

Y 12/31/16

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)...

700.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 86 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7253

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06

D 12

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)...

2000.00

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 87 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7299

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**

Date Incurred  
07<sup>M</sup> 08<sup>D</sup> 2013

Date Due  
12/31/16

Interest Rate  
0.00 % (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 2500.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 88 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7301

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07<sup>th</sup>

29<sup>th</sup>

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)...

2000.00

**TOTALS** This Period (last page in this line only)...

2000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 89 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7302

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City State ZIP Code  
Waimanalo HI 96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 <sup>M</sup> 23 <sup>D</sup> 2013	12/31/16	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2100.00

**TOTALS** This Period (last page in this line only) ... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 90 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7675

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 09

D 06

Y 2013

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)...

3500.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# **SCHEDULE C (FEC Form 3)**

## **LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 91 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7303

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1150.00

0.00

1150.00

### **TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 09

D 09

Y 2013

Y 12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

1150.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 92 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7304

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700.00

### TERMS

Date Incurred

09<sup>M</sup> 27<sup>D</sup> 2013

Date Due

12/31/16

Interest Rate

0.00

Secured:

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

700.00

TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 93 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7354

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 10

09

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

500.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# **SCHEDULE C (FEC Form 3)**

## **LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 94 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7355

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8000.00

0.00

8000.00

### **TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M<sup>10</sup>

D<sup>29</sup>

Y<sup>2013</sup>

Y<sup>12/31/16</sup>

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

8000.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 95 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7356

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11

D 25

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

200.00

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 96 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7357

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500.00

0.00

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12<sup>M</sup>

D 13<sup>D</sup>

2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional).....

500.00

**TOTALS** This Period (last page in this line only) .....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 97 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7358

Cam Cavasso for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

12/31/2013

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

200.00

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 98 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7583

Cam Cavasso for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000.00

0.00

4000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

01/09/2014

12/31/16

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional).....

4000.00

TOTALS This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 99 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7928

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address  
P.O. Box 44

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06

D 23

2014

2016

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

1000.00

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 100 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6233

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso-2104

Election: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2100.00

0.00

2100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 06

D 09

2010

None

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

2100.00

**TOTALS** This Period (last page in this line only) ...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 101 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6300

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso-2104

Election: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

1870.36

Cumulative Payment To Date

1045.17

Balance Outstanding at Close of This Period

825.19

**TERMS**

Date Incurred

M 08

D 29

2010

Date Due

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

825.19

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 102 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6235

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso-2444

Election: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4500.00

0.00

4500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04

D 02

2010

None

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

4500.00

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020621349

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 103 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6237

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso-2444

Election: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

5000.00

Cumulative Payment To Date

513.00

Balance Outstanding at Close of This Period

4487.00

### TERMS

Date Incurred

05<sup>M</sup> 28<sup>D</sup> 2010

Date Due

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

4487.00

TOTALS This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 104 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6301

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso-2444

Election: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

2416.77

Cumulative Payment To Date

2313.22

Balance Outstanding at Close of This Period

103.55

**TERMS**

Date Incurred

08<sup>M</sup>

29<sup>D</sup>

2010

Date Due

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional)....

103.55

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 105 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.6250

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso-2911

Election: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

3562.86

Cumulative Payment To Date

2652.37

Balance Outstanding at Close of This Period

910.49

### TERMS

Date Incurred  
M 06 D 30 Y 2010

Date Due

None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

910.49

TOTALS This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Cam Cavasso for U.S. Senate** Transaction ID : **SC/10.6306**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso-3240</b>	Election: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 41-530 Waikupanaha Street	

City	State	ZIP Code
Waimanalo	HI	96795

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	887.70	112.30

<b>TERMS</b>	Date Incurred M 07 D 06 Y 2010	Date Due None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	-----------------------------------	------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)...	112.30
<b>TOTALS</b> This Period (last page in this line only)...	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14020621353

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 107 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.7584

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso-3240

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3527.97

3527.97

0.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03 M 31 D 2014

12/31/14

0.00

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

0.00

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 108 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.8112

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Campbell Cavasso-3240

☒ Primary

Mailing Address

41-530 Waikupanaha Street

☐ General

☐ Other (specify) ▼

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.14

0.00

400.14

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06<sup>M</sup> 18<sup>D</sup> 2014

12/31/2016

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

400.14

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 109 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7195

Cam Cavasso for U.S. Senate

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Campbell Cavasso-4528

Election: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

21595.75

10427.64

11168.11

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11

D 02

Y 2012

None

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)....

11168.11

**TOTALS** This Period (last page in this line only) ..

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 110 OF 112

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Cam Cavasso for U.S. Senate

Transaction ID : SC/10.8117

LOAN SOURCE Full Name (Last, First, Middle Initial)

Campbell Cavasso-9003

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

41-530 Waikupanaha Street

City

State

ZIP Code

Waimanalo

HI

96795

Original Amount of Loan

1703.07

Cumulative Payment To Date

1697.15

Balance Outstanding at Close of This Period

5.92

**TERMS**

Date Incurred

M 05 M D 24 Y 2014

Date Due

Y M D

Interest Rate

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional).....

5.92

**TOTALS** This Period (last page in this line only)...

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020621357

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 111 OF 112
FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) Cam Cavasso for U.S. Senate	Transaction ID : SC/10.8118
--	-----------------------------

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Campbell Cavasso-9003</b>	<b>[PERSONAL FUNDS]</b>	<b>Election:</b> 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>Mailing Address</b> 41-530 Waikupanaha Street		

<b>City</b>	<b>State</b>	<b>ZIP Code</b>
Waimanalo	HI	96795

<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
372.80	360.52	12.28

<b>TERMS</b>	<b>Date Incurred</b>	<b>Date Due</b>	<b>Interest Rate</b>	<b>Secured:</b>
	M 06 D 25 Y 2014		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	12.28
<b>TOTALS</b> This Period (last page in this line only)...	86236.20
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14020621358

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 112 OF 112

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Cam Cavasso for U.S. Senate**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ccAdvertising

Nature of Debt (Purpose):

Smart Get-Out-the-Vote survey

Mailing Address 13800 Coppermine Road

City State

Zip Code

Herndon

VA

20171

Outstanding Balance Beginning This Period

31652.90

Transaction ID : SD10.4604

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

31652.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ccAdvertising

Nature of Debt (Purpose):

Saturday GOTV call

Mailing Address 13800 Coppermine Road

City State

Zip Code

Herndon

VA

20171

Outstanding Balance Beginning This Period

2694.36

Transaction ID : SD10.4606

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2694.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ccAdvertising

Nature of Debt (Purpose):

GOTV Election Day Nov 2nd

Mailing Address 13800 Coppermine Road

City State

Zip Code

Herndon

VA

20171

Outstanding Balance Beginning This Period

10557.75

Transaction ID : SD10.4607

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10557.75

1) SUBTOTALS This Period This Page (optional) ...

44905.01

2) TOTALS This Period (last page this line number only) ...

44905.01

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...

86236.20

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ...

131141.21



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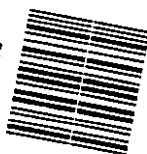
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SECRETARY

NA K. MCCALLUM  
SUPERINTENDENT  
  
HATE OFFICE BUILDING  
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PHONE (202) 224-0222

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AIRBORNE EXPRESS	_____

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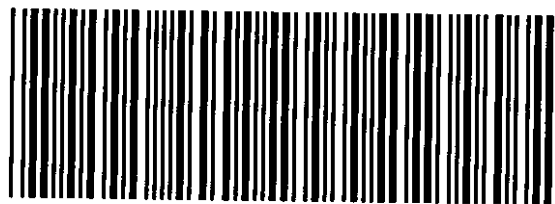
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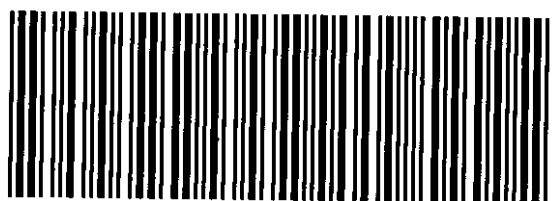
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14020621361



SEN PATCH



SEN PATCH

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